

PROVIDER BULLETIN

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THIS ISSUE

Home Modification Policy 11.10

To:

Hospitals Rehabilitation Centers Occupational Therapists Physical Therapists Nurses Physiatrists Self Insurers Medical Case Managers

From:

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This Provider Bulletin explains the department's Insurance's Services Policy 11.10 for home modification and the reimbursement process for home modification consultation. The policy implements RCW 51.36.020 (7) which allows the department to consider home modification benefits for catastrophically injured workers.

Questions answered in this bulletin are:

- Who qualifies to receive a home modification?
- How many homes can be modified?
- How much does the department pay for home modifications?
- What type of home modifications does the department pay for?
- Does the department pay for a home to be modified more than once?
- Who can recommend home modifications?
- What is the role of the home modification consultant?
- Who is involved in a home modification and what are their responsibilities?
- What is included in a home evaluation report?
- How do I bill for services?
- Definitions

WHO QUALIFIES TO RECEIVE A HOME MODIFICATION?

Workers who have experienced catastrophic injuries are eligible for home modifications. The department must have allowed the catastrophic injury(s) on the worker's claim. Catastrophic injuries include, but are not limited to, head traumas, paralysis and amputations. The department may approve a home modification any time a claim is open or in pension status. Not all workers with catastrophic injuries need home modifications. In cases where the disability is not permanent the cost of the home modification must be less than alternative medical care.

HOW MANY HOMES CAN BE MODIFIED?

Only <u>one</u> residence of a catastrophically injured worker can be modified. The worker does not have to own the home. If someone else owns the home, the worker must submit the home owner's proof of ownership and obtain written permission from the owner before a modification is allowed. The worker needs to consider the home being modified their permanent residence.

The home must be structurally sound. If the soundness of the home is in question or the home was being remodeled at the time of the worker's injury, the department may request a safety inspection.

Modifications can be done at the time a home is being built. The department will only pay for the cost difference between a standard home structure and the modified structure. The modifications must be approved prior to construction and meet the criteria for reasonable and medically necessary (See definitions).

HOW MUCH DOES THE DEPARTMENT PAY FOR HOME MODIFICATIONS?

The department cannot pay more than the state's average annual wage (see definition at the end of this bulletin) at the time the modification is requested. The amount is adjusted yearly. To find out the exact amount available, contact the claims manager.

If the costs of the modifications needed by the worker exceed the state's average annual wage, the worker will need to either adjust their 1) request for modification or 2) obtain additional financing. If the worker chooses to obtain additional financing, he or she must submit to the department written verification of the additional financing from the funding source.

WHAT TYPE OF HOME MODIFICATIONS DOES THE DEPARTMENT PAY FOR?

The purpose of a home modification is to meet the worker's needs for safety, mobility and activities of daily living needs. Modifications must be reasonable and medically necessary (see definition), appropriate for the worker's actual functional disability, style of home and level of self care. Recommendations must meet accessibility standards. Consideration must be given to maintaining quality while minimizing cost.

A home modification (or construction) is defined as a permanent structural change to a worker's residence. Medical equipment such as toilet seats, door knobs and grab bars may be appropriate as modifications. However, the worker does not need a modification to the home to receive medical equipment. **The department does not pay for appliances, which includes washers, dryers, garbage disposals, dishwashers, stoves, and refrigerators.**

AREAS COMMONLY MODIFIED IN THE HOME

- Home entrances, and ramps
- Parking area, walkways and driveways
- Widened doorways and hallways
- Kitchens countertops and cabinets
- Primary bathroom; shower/tub, toilet, fixtures, mirrors and counters
- Primary bedroom, room size, doorway and closets
- Electrical and plumbing fixtures and doorknobs
- Flooring to reduce falls and maximize mobility
- Wall protection, supports and railings
- Fire safety pads and exits

DOES THE DEPARTMENT PAY FOR A HOME TO BE MODIFIED MORE THAN ONCE?

Later modifications can be considered for the same residence when the following criteria are met:

- The worker's functional ability has changed or a new medical condition is allowed, resulting in the need for additional modifications.
- The original modification needs repair. (The department may upgrade a home modification in need of repair.)
- The home suffered a catastrophic event (such as, flood, fire, vandalism) and the modified portions of the home need to be replaced. (The department pays only if the home owner's insurance does not cover the damage)
- It is discovered during or after construction that the consultant unknowingly omitted an essential modification necessary to the worker's needs for safety, mobility and activities of daily living.
- The contractor's warranty has expired, or the contractor has gone out of business, and there is a functional flaw in the design of the original modification, requiring a change or repair.

WHO CAN RECOMMEND HOME MODIFICATIONS?

When the worker requests a home modification, the department requires an on-site evaluation by a modification consultant, who must be either a physical or occupational therapist, or nurse trained in rehabilitation of catastrophic injuries and modifying homes. An evaluation is not required for repairs of a modification. The modification consultant needs to have a provider number with the department.

WHAT IS THE ROLE OF THE HOME MODIFICATION CONSULTANT?

The role of the modification consultant is to ensure that home modifications are both reasonable and necessary. The modification consultant needs to determine if structural changes are required or if the worker's needs can be met with a reorganization of tasks and/or equipment. An example would be moving food and dishes from top cabinets to lower ones for a paraplegic rather than lowering the upper cabinets.

WHO IS INVOLVED IN A HOME MODIFICATION AND WHAT ARE THEIR RESPONSIBILITIES?

For a worker to qualify for and obtain a home modification, a series of steps and communication must take place between the worker, claims manager, physician, contractor and home modification consultant. In some cases an architect may be required. Each participant has a unique role and responsibilities.

THE WORKER

- 1. Requests to have their home modified and provides documentation of home ownership and, if he or she does not own the home, legal permission from the owner to modify the home.
- 2. Works with the modification consultant to plan the modifications and obtains 2 bids from contractors to be submitted for approval.
- 3. When the bid is approved, oversees the contractor during construction and keeps the claims manager informed of progress.
- 4. When construction is completed, makes a final inspection with the contractor and signs a letter of satisfaction so the department can pay the contractor.

THE PHYSICIAN

1. Provides medical documentation about the worker's injury and verifies if there is medical need for any specialized modifications such as an air purifier or conditioner.

THE MODIFICATION CONSULTANT

- 1. Goes to the worker's home to evaluate accessibility, functional needs and safety, then submits a written report with pictures to the claims manager and worker.
- 2. Assists the worker and contractor during the planning and construction phases.
- 3. When requested does a final evaluation upon completion of construction and sends a report to the claims manager.

THE CONTRACTOR (REGISTERED AND BONDED UNLESS A VOLUNTEER LABORER)*

- 1. Works with the worker and modification consultant to develop plans and bids for the needed modifications.
- 2. Provides a detailed bid for the department's approval and signs the letter of "Acknowledgment of Responsibilities".
- 3. When the bid is approved, obtains a provider number, signs a contract with the worker and obtains all necessary construction permits.
- 4. Upon completion of the work, participates in a final inspection with the worker and obtains a letter of satisfaction to submit to the department prior to final payment.

THE CLAIMS MANAGER

- 1. Receives the request for home modification and qualifies the worker.
- 2. Authorizes a modification consultant to do an on-site evaluation and instructs the worker and contractor on what information is needed.
- 3. Gathers information and bids and sends a home modification request to the Assistant Director for Industrial Insurance for approval consideration. **
- 4. When the Assistant Director approves the request, notifies all parties and monitors construction progress.
- 5. Collects letter of satisfaction for the worker's file and authorizes payment.
- * A contractor does not have to be registered and bonded if working for free.

Note:

If family or friends do the labor for free, the worker can request reimbursement for materials only. However, two bids and the department's prior approval of the modification is still required.

Note:

If the worker decides to become a registered and bonded contractor and does their own home modifications, he or she still must submit two bids and obtain the department's prior approval of the modifications.

** The Assistant Director's approval is not required for "undisputed" self- insured (SIE) requests (where the SIE agrees to pay for the home modification).

For more information on the responsibilities of the worker, the contractor, and the department, see the "Acknowledgment of Responsibilities" form available from the claims manager.

WHAT IS INCLUDED IN A HOME EVALUATION REPORT?

Prior to the modification of a home the department requires that the home modification consultant do an initial on-site assessment and submit a report. The report must be used as the basis for contractor bids. A final on-site assessment and report may be requested by the claims manager if there are questions regarding completed modifications.

The initial report must include the following:

- Injured worker's name
- Date of injury
- Date of birth
- Claim number
- Who referred the request to do the evaluation
- Diagnosis and description of physical limitations
- Description of home environment and impact of injury on abilities to do activities of daily living
- Description of home and structural factors that affect worker's safety, mobility and ADL function inside and outside of the home
- Recommendations with short explanations of why needed
- Pictures or drawings of where the home is to be modified

When a post construction home modification report is requested, it must state what modifications were actually done and if the modifications meet the worker's functional needs. Pictures of the modifications need to be included.

HOW CAN I BILL FOR SERVICES?

Home modification consultants and contractors- must have a provider number to bill for services. An application form can be obtained from either the claim manager, picking up an application at the local service location or by calling the department's Provider Account section at (360) 902-6542.

Authorization from the claims manager is required for reimbursement of services.

The following billing codes apply to home modification. Payment amount for code 8914H is based on the approved contractor bid. Payment amount for codes 8916H and 8917H are based on the reported description of services. All bills need to be itemized.

BILLING CODE	PROVIDERS WHO CAN BILL	PAYS FOR
8914H		
Home Modification	Contractors	Construction Materials
Construction and	Architects	Labor & Tax
Design	Construction Material Tax	Permits and Inspections
•	Suppliers	Architech Plans (are payable
		only when an addition is
		required for an existing home)

8916H

Home Modification Evaluation and Consultation Home Modification Specialists who are: Registered Nurses Occupational Therapists Physical Therapists Time spent doing:
On-site Home Evaluation
Consultation
Required Reports
Travel (up to four hours per on-site visit)

*The Department will not pay for more than one person at a time to do a home modification evaluation and consultation.

8917H

Home Modification Mileage Lodging Airfare Car Rental Home Modification Specialists who are: Registered Nurses Occupational Therapists Physical Therapists Mileage for travel beyond ten miles. Current rate is \$0.31 per mile.

Lodging for one person when the on-site visit requires two or more consecutive days and is greater than 125 miles one away. A maximum of \$60.00 per day will be allowed. Copy of receipts must be submitted with the bill. Prior approval from the claim manager is required.

Airfare (economy) for one person when travel is greater than 180 miles one way. Copy of receipts must be submitted with the bill. Prior approval from the claim manager is required.

Car Rental (economy) when air travel is involved. Receipts must be included with the bill. Prior approval from the claim manager is required.

DEFINITIONS

<u>Bids</u>: A cost estimate for construction of a modification. The contractor must itemize materials and labor by room and include the local tax rate.

<u>Consultation and compliance</u>: A division of L & I that monitors contractors and enforces compliance to building codes where city or county jurisdiction does not apply. To see if there has been complaints against a contractor you can call 1-800-647-0982.

Medically Necessary: Those health services which, in the opinion of the director or his designee, are:

- a) Proper and necessary for the diagnosis and curative or rehabilitative treatment of an accepted condition: and
- b) Reflective of accepted standards of good practice within the scope of the provider's license or certification; and
- c) Not delivered primarily for the convenience of the claimant, the claimant's attending doctor or any other provider: and
- d) Provided at the least cost and in the least intensive setting of care consistent with the other provisions of this definition (WAC 296-20-01002)

<u>Reasonable</u>: The department considers a home modification "reasonable and necessary" where all of the following are true:

- The modification is necessary to meet worker's need for safety, mobility and activities of daily living: and
- The contractors proposed plan will satisfy the necessary modification: and
- The home is structurally sound (whether it be wood frame, mobile or manufactured).

<u>Residence</u>: A residence can be a standard home, mobile home or manufactured home. Motor homes or mobile homes less than 400 sq. feet can not be modified unless the modifications have written approval from the department's factory assembled structures section (See RCW 43.22.360.)

<u>State's Average Annual Wage</u>: Is the prior year's average wage of all worker's in the state of Washington. The wage is calculated yearly and is the basis for determining maximum time loss benefits. (RCW 50.04.355)

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